

ON-SITE MONITORING REVIEW SHEET

School food authorities that are comprised of more than school, or have contracts with a food service management company, are required to conduct on-site monitoring visits at each school before February 1. The purpose of the monitoring visit is to determine that the counting and claiming system being used at each site is the one that was submitted to the Department of Education and that the system is properly implemented. If a problem is found, corrective action must be taken and a follow up visit conducted to assure that the problem has been corrected. Districts that contract with a management company must conduct a visit even if there is only one school site, and the review must be conducted by an employee of the school district.

Name of School Food Authority _____ Date of Review _____

Name of School _____ Name of Reviewer _____

MEAL COUNTING SYSTEM

1. Is the meal count taken at the end of the line,
after all components of the meal have been offered? YES [] NO []
2. Does the person taking the meal count know that part
of the responsibility is to determine that the meal is reimbursable? YES [] NO []
3. How is the reimbursement category documented?
____only coded tickets are used and each student hands one in
____coded tickets are handed in and meals paid for with cash are recorded on coded cash
register keys
____a roster of students' names is checked
____coded, multiple-use tickets are punched and the count entered on a cash register, stick
count roster or other method (explain) _____
AND meals paid for with cash are recorded on the cash register or other system
____computer count system using student ID or name.

If another system is used, describe here:
Determine if the system is approved.

MEAL CLAIMING SYSTEM

4. Are meal counts recorded daily? YES [] NO []
5. Does the system used to consolidate and total
the meals assure a correct report? YES [] NO []
6. Are counts correctly reported to the School Food Authority? YES [] NO []

CORRECTIVE ACTION

7. Is corrective action needed? YES [] NO []
EXPLAIN ACTION TO BE TAKEN

8. Date completed _____ Date of follow up review _____
(No more the 45 days after first review)